

**Bureau of Indian Affairs – Trespass Investigation VOLUNTARY STATEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT Name** | **DATE OF INCIDENT** | **DATE OF STATEMENT** | **TIME** |
| **MM** | **DD** | **YYYY** | **MM** | **DD** | **YYYY** |
| NAME (LAST, FIRST, MI) | AGE | SEX | LOCATION OF STATEMENT: |
| ADDRESS (NO., STREET, CITY, STATE, ZIP) | PHONE NO. |
| INCIDENT LOCATION | INVESTIGATOR TAKING STATEMENT |
| I, do make this voluntary statement of the facts and circumstances known to me concerning the above named incident. This information is given of my own free will to , of the Bureau of Indian Affairs, for whatever purpose it might serve.I have, read or had read, to me the forgoing statement consisting of pages, handwritten by . It is true to the best of my belief and knowledge. |
| INVESTIGATOR’S SIGNATURE | SIGNATURE OF Statement |
| CONTINUATION PAGE: YES NO | WITNESS SIGNATURE |
| WITNESS PRINTED NAME |

Confidential/Protected Investigation Work Product

\*Not for Public Release or Distribution Outside of Jurisdiction

Bureau of Indian Affairs – Trespass Investigation

**Voluntary Statement**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT NAME** | **DATE OF INCIDENT** | **DATE OF STATEMENT** | **TIME** |
| **MM** | **DD** | **YYYY** | **MM** | **DD** | **YYYY** |
| NAME (LAST, FIRST, MI) | AGE | SEX | LOCATION OF STATEMENT: |
| CONTINUATION PAGE of  |
|  |
| INVESTIGATOR’S SIGNATURE | SIGNATURE OF Statement |
|  | WITNESS SIGNATURE |
| WITNESS PRINTED NAME |

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